Name in Full

Certificate of Death

Olivia Odalia Brown

Died at Town: Bel Air County: Harford Co., MARYLAND

Date 1900 Month: Jan. Day: 17 Age Y.: 10 M.: 4 D.: 29. Native of: Bel Air Occupation: ———

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife of ———

Father's Name: William Brown Mother's Name: Amanda Brown

Cause of Death — Primary: Tuberculosis of Mesenteric Glands How long sick: 5 days.

Immediate: Septic Peritonitis ~~Accident, Suicide, Homicide~~

Reported by: A. F. VanBibber, M.D.

Address: Bel Air, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 69068

Name in Full

Certificate of Death

Emma Dorsey

Died at Poole (Town) Harford (County) MARYLAND

Date 1900 Month Jany Day 26 | Age Y. 43 M. D. | Native of Maryland | Occupation Servant

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband / Wife of

Father's Name Isaac Dorsey

Mother's Name

Cause of Death: Primary Pneumonia — How long sick 10 days

Immediate — Accident, Suicide, Homicide

Reported by Eph'm Hopkins M.D

Address Bailey & Baldwin Undertakers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Mrs. Rachel Ewing

Certificate of Death

Died at 2nd District (Town) Harford (County) MARYLAND

Date 19 0r

Month	Day	Y.	M.	D.	Native of	Occupation
1	6	Age				

~~Male~~ / Female

White / ~~Colored~~

~~Single~~ / Married / Widow / Widower / ~~Divorced~~

Number of children living

Husband / Wife of Edward Ewing

Father's Name

Mother's Maiden Name

Cause of Death: Primary

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by Aegis & Intelligencer 1-19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name In Full Mrs. Ann Griffith

Certificate of Death

Died at Town Scarboo County Harford MARYLAND

Date 1900 Month 1 Day 27 | Age Y. 90 M. D. | Native of Md | Occupation

~~Male~~ Female | White ~~Colored~~ | Married Single Widow Widower Divorced | Number of children living 8

~~Husband~~ Wife of

Father's Name Amos Griffith

Mother's Maiden Name

Cause of Death: Primary 57 Heart disease

Immediate

How long sick Sudden

Accident, Suicide, Homicide

Reported by Bel Air Times

Address 2-3

Must be signed by physician, if any in attendance, otherwise b roner, undertaker or minister.

LIBRARY BUREAU, 73699

Date filed 2/33/VAC
2/8/63

Name in Full

Certificate of Death

Helen Lee -

Died at Town Bel Air, County Harford Co., MARYLAND

Date 1900 Month Jan. Day 12th Age Y. 9 M. 2 D. 21 Native of Maryland - Occupation ——

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife ——— 2 2 a

Father's Name James Lee

Mother's Name Georganna Lee

Cause of Death: Primary Pulmonary phthisis. How long sick Over a year.

Immediate Haemorrhage from lungs. ~~Accident, Suicide, Homicide~~

Reported by A. F. Van Bibber, M. D.

Address Bel Air, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full | Certificate of Death

Mary Ada Mitchell

Died at Town: Havre de Grace County: Harford MARYLAND

Date ~~1900~~ 1900 Month 1 Day 11 Age Y. 8 M. D. Native of Havre de Grace Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children ~~living~~

Husband / Wife of —

7

Father's Name William Mitchell Mother's Name Annie M. Loflin

Cause of Death: Primary Whooping Cough — How long sick 2 weeks

Immediate Acute Bronchitis — Accident, Suicide, Homicide

Reported by Dr. R. H. Smith

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mary Proctor

Died at Town: Bel Air County: Harford MARYLAND

Date 1900 Month: 1 Day: 4 | Age Y. 8 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary: diphtheria 8 d | Immediate

How long sick

Accident, Suicide, Homicide

Reported by Bel Air Times 1-6

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Balindia Ricketts

Died at Town: Havre de Grace County: Harford MARYLAND

Date ~~189~~ 1900 Month: Jany Day: 13 | Age Y. 60 M. D. | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 8

Husband / Wife of Samuel Ricketts

Father's Name William Bower | Mother's Name Amelia Griffith

Cause of Death: Primary Dont Know 161 | How long sick Found dead

Immediate Dont Know | Accident, Suicide, Homicide

Reported by Dr. R. H. Smith

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Geo. Robinson

Certificate of Death

Died at Upper Crossroad Town County Harford MARYLAND

Date 19 07 Month 1 Day 7 | Age Y. 68 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary Paralysis 44 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Aegis & Intelligencer 1-12

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full Thos. Robinson — Certificate of Death

Died at Chestnut Hill — Town — County Harford — MARYLAND

Date 1900 — Month 1 — Day 4 — Age Y. 88 M. D. — Native of — Occupation

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — Widower — Number of children living 8

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary — 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Bel Air Times 1-6

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79993

Name in Full

Certificate of Death

Isaac Rockhold

Town

Died at Ebenezer County Harford MARYLAND

Date 1800 Month Jan. Day 14 Age Y. 74 M. 7 D. 13 Native of Md. Occupation farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 1

~~Wife~~ Husband of Anne Elmer Rockhold

Father's Name Elija Rockhold Mother's Name Rachel Rockhold

Cause of Death: Primary Grip 9 How long sick 5 days

Immediate Heart failure ~~Accident, Suicide, Homicide~~

Reported by Thos. H. Emory M. D.

Address Taylor Harford Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Mrs. Mary Stansbury

Certificate of Death

Died at Town Edon Mills County Harford MARYLAND

Date 1900 Month 1 Day 17 | Age Y. 81 M. 4 D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living 3

~~Husband~~ Wife of

Father's Name James L. Stansbury

Mother's Maiden Name

Cause of Death: Primary 161

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by 7 Bel Air Times

Address

2-3, 1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78869

Name in Full | Certificate of Death

Henry C. Timblick

Died at Town: Dublin, County: Harford, MARYLAND

Date 1900 Month: 1 Day: 6 Age: 23 Yrs M. 5 D. Native of: Harford Occupation: Shoemaker

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower Divorced Number of children living

Husband / Wife of

Father's Name: Wm. Timblick, Mother's Name: Lizzie Timblick

Cause of Death: Primary: Bronchitis, Immediate: Heart Failure, How long sick: Two months

Accident, Suicide, Homicide

Reported by: Dr W. E. Arthur

Address: Mill Green Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Bailey & Baldwin

Undertakers

Name in Full

Miss Agnes Tucker

Certificate of Death

Died at Town Emmorton County Harford MARYLAND

Date 19 ov Month 1 Day 9 | Age Y. 20 M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary meningitis 39a | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Aegis & Intelligencer 1-12

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79999

Name In Full

Certificate of Death

Rose Webster

Died at Town: Havre de Grace County: Harford MARYLAND

Date ~~1899~~ 1900 Month: 1 Day: 9 | Age Y. 38 M. D. | Native of Hartford Co | Occupation House work

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living 3

~~Husband~~ Wife of Jacob Webster

Father's Name Richard Thompson | Mother's Name Charlotte Moore

Cause of Death: Primary 22a OVER | How long sick 1 year 4 mo

Immediate Consumption | Accident, Suicide, Homicide

Reported by 47 Pennington

Address Havre de Grace OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full | Certificate of Death

Lamar H. Willard

Died at Town: near Cambria County: Harford MARYLAND

Date 1900 Month: Jan. Day: 15- Age Y. 73. M. 5- D. 9 Native of: Retreat. N. J. Occupation: Farmer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living: None

Husband ~~Wife~~ of: Sarah Ann Willard

Father's Name: James Willard Mother's Name: Beaulah Willard

Cause of Death: Primary: Heart disease, Dropsy. How long sick: 1 mo-

Immediate: Pulmonary Oedema ~~Accident, Suicide, Homicide~~

Reported by: J. Thos. Heaps

Address: Delta - Pa -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU